



**September 16-19, 2014**

at the

**Los Angeles Downtown Hotel/Hyatt**

333 S. Figueroa St., Los Angeles, CA 90071

To access the conference program and additional information about this year's conference, please visit the [Latino Behavioral Health Institute's](#) website.

Please note that you must complete the **DMH Employee Registration Form** below to take advantage of the 75% discounted rate being offered to DMH Employees.

**DMH Employee Registration Forms must be submitted, along with payment, to:**

**Angelica Fuentes**

DMH Workforce Education and Training Division

695 S. Vermont Avenue, 15<sup>th</sup> Floor

Los Angeles, CA 90005

Phone: (213) 251-6725

Fax: (213) 252-8776

[afuentes@dmh.lacounty.gov](mailto:afuentes@dmh.lacounty.gov)

The deadline to submit registration forms is **Wednesday, September 10, 2014.**

**Please note:** Registration is official when payment is received. No registrations or payments will be accepted after September 10, 2014 – no exceptions. DMH staff registering on-site will be required to pay the full conference rate.

***We look forward to seeing you there!***



**September 16-19, 2014**

## **DMH Employee Pre-registration Form**

### **Participant Information**

|  |  |                               |
|--|--|-------------------------------|
| Employee Name  | Employee #   | Unit/Program/Division         |
|  |  | @dmh.lacounty.gov             |
| Phone Number   | Email (Required for pre-registration confirmation) |                               |
| <input type="checkbox"/> Requesting CMH/CE/CEUs License #: |  |                               |
| <input type="checkbox"/> MD/DO                             | <input type="checkbox"/> PhD/PsyD                  | <input type="checkbox"/> MFT  |
| <input type="checkbox"/> LPT                               | <input type="checkbox"/> CAADAC                    | <input type="checkbox"/> LCSW |
|  | <input type="checkbox"/> Other (specify):          | <input type="checkbox"/> RN   |

### **Pre-registration Fees**

|  |           |
|--|-----------|
| <input type="checkbox"/> 4 Day Conference <b>Intended for clinical staff</b> | \$62.50   |
| <input type="checkbox"/> 3 Day Conference <b>Check dates below</b>           | \$56.25   |
| <input type="checkbox"/> 2 Day Conference <b>Check dates below</b>           | \$42.50   |
| <input type="checkbox"/> 1 Day Conference <b>Check date below</b>            | \$21.25   |
| <b>Total:</b>  | <b>\$</b> |

**If attending 1-3 days, please check date(s) you plan to attend:**

- ☐ Tuesday, September 16, 2014 **Intended for clinical staff**  
☐ Wednesday, September 17, 2014  
☐ Thursday, September 18, 2014  
☐ Friday, September 19, 2014

**Complimentary continental breakfast each day plus lunch on Friday**

### **Payment Information**

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Check <b>Pay to the order of LBHI</b>                 | Check #:                             |
| <input type="checkbox"/> Credit Card <b>All payments are processed by LBHI</b> |                                      |
| <input type="checkbox"/> Visa  | <input type="checkbox"/> Master Card |
| Credit Card #  | Exp. Date                            |
|  | 3-Digit Code                         |
| Billing Address (Street, City, State, Zip)                                     |                                      |
| Print Cardholder's Name  |                                      |
| Cardholder's Signature   | Date                                 |

**Pre-registration Deadline: Wednesday, September 10, 2014**

Only DMH Staff who pre-register by September 10, 2014, with approval from their supervisor will be eligible to receive the discounted rate, which is available on a first-come, first-served basis. **Pre-Registration is official when payment is received. No pre-registrations or payments will be accepted after September 10, 2014 - no exceptions.** No refunds after September 11, 2014. Any staff registering on-site will be required to pay the full conference rate: \$85 per day, \$225 for 3 days, and \$250 for 4 days.

### **Supervisor's Approval**

|                        |                   |
|------------------------|-------------------|
| Supervisor's Name      | Phone Number      |
|                        | @dmh.lacounty.gov |
| Supervisor's Email     |                   |
| Supervisor's Signature |                   |

**Submit Pre-registration form with payment to:**

Angelica Fuentes, LCSW  
 Workforce Education & Training Division  
 695 S. Vermont Avenue, 15<sup>th</sup> Floor  
 Los Angeles, CA 90005  
 Fax: (213) 252-8776  
 Email: afuentes@dmh.lacounty.gov

*There is no need to use a cover sheet when faxing.*

**Pre-registration confirmation will be sent to participant via email upon receiving both pre-registration form and payment.**